

CLIENT BRIEF

PMA Agile

Kinshasa, Democratic Republic of Congo



ABOUT PMA AGILE



PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). **It builds on the PMA monitoring and evaluation platform and conducts continuous**

tracking of family planning service delivery and consumption through quarterly public and private health facility surveys and semi-annual client exit interviews. A phone follow-up survey is conducted with consenting female clients four months after their interviews.

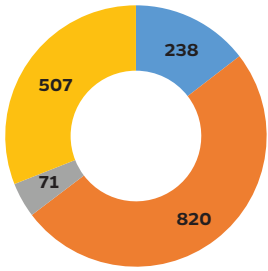
PMA Agile monitors one city in Democratic Republic of Congo (DRC), Kinshasa, and is conducted by the University of Kinshasa School of Public Health with the support of the Tulane University School of Public Health, and in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers two survey rounds of the client exit survey (March-August 2018 and February-April 2019) and one subsequent round of the client phone follow-up survey (September-December 2018) in Kinshasa. **The full results are accessible at site dashboards at pmadata.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key Results

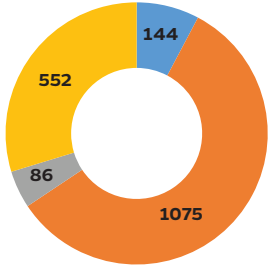
- In Kinshasa, **1950 clients (63% female) were interviewed at 101 public and 99 private facilities in Q2 and 1857 clients (66% female) were interviewed in Q4.**
- **Male condoms, injectables, and implants were the most common methods used** among clients interviewed at both public and private facilities in both survey quarters.
- Female clients surveyed at private facilities were **most likely to choose their contraceptive method themselves in both Q2 and Q4** (56% and 79%, respectively). Among female clients interviewed at public facilities, **67% made the decision with their provider in Q4.**
- **Youth clients (18-24 years) reported similar levels of explanation on how to use contraceptive methods from public facilities in Q2 and Q4** (62%-63%), while level of explanation dropped from Q2 to Q4 (from 56% to 35%) among youth clients interviewed at private facilities.
- **While a similar percentage of female clients across all three age groups were told about method side effects in Q2 (56%-64%), in Q4 the percentage decreased significantly for 18-24-year olds**, increased for women over 35 years, and remained the same for 25-34-year olds in Q4.
- Female clients interviewed at both public and private facilities report **relatively high levels of satisfaction** with quality of care indicators such as clarity of family planning (FP) information, polite treatment, and range of services compared to other facilities.
- About half of male clients not currently using FP interviewed in Q2 intended to use FP in the next 12 months; however, **less than one-quarter of male clients not using FP interviewed in Q4 reported intentions of future FP use.**
- Among female clients interviewed at Kinshasa facilities, **62% consented and completed a follow-up interview four months later.**
- At the follow-up interview, 15% of female clients were still using the method they reported at baseline, 18% had switched methods, and 11% had stopped using a method; 14% began using a method and 42% remained non-users.

SAMPLE SIZE OF CLIENTS INTERVIEWED IN KINSHASA BY PUBLIC/PRIVATE FACILITY AND GENDER



Sample size of clients interviewed by facility type and gender, Q2

In Kinshasa, 1857 clients (1219 females and 638 males) were interviewed at the selected public and private facilities in Q2. The gender ratio of the Q2 sample (n=1950) clients was similar.

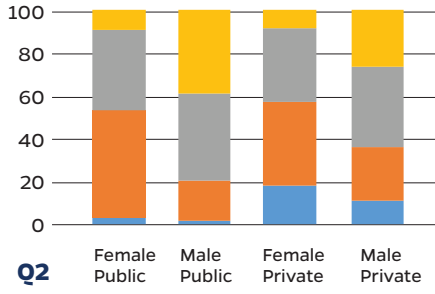


Sample size of clients interviewed by facility type and gender, Q4

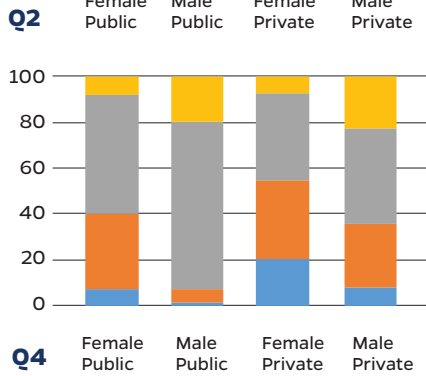
Legend: Female Public (Blue), Female Private (Orange), Male Public (Grey), Male Private (Yellow)

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

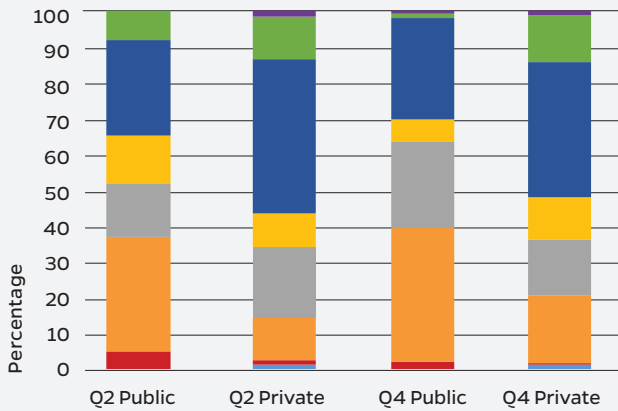
Percent distribution of education levels of clients interviewed



Females clients are less educated than male clients at both public and private facilities. The educational backgrounds of clients interviewed in Q2 and Q4 were similar; however, more male clients of public facilities attended higher education in Q2 than Q4.



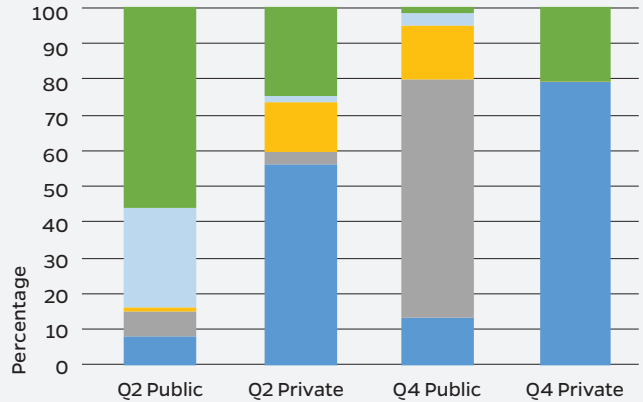
CLIENT METHOD USE COMPOSITION



In both Q2 and Q4 most clients interviewed at public facilities who contracept are using either implants or male condoms. In Q4, injectables accounted for a larger share of method use (24.2% vs. 14.8%). Among contracepting clients interviewed at private facilities, most are using male condoms in Q2 and Q4, followed by implants, injectables, and EC.

Legend: Sterilization (Blue), IUD (Red), Implant (Orange), Injectable (Grey), Male condom (Dark Blue), Emergency contraception (Green), Cycle beads (Purple)

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD

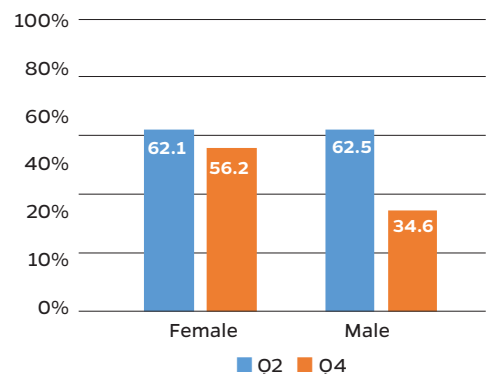


Among female clients interviewed at public facilities, more reported that their provider (56%) or their partner (28%) chose their method in Q2, while about two-thirds reported that they chose their method with their provider in Q4 (67%). Of women interviewed at private facilities, most reported that they chose their FP method themselves in both Q2 and Q4 (56% and 79%, respectively).

Legend: Respondent (Blue), Respondent/Partner (Orange), Respondent/Provider (Grey), Respondent/Partner/Provider (Yellow), Partner/Spouse (Light Blue), Provider (Green)

PERCENT OF YOUTH CLIENTS (AGE 18-24) REPORTING A PROVIDER EVER EXPLAINED HOW TO USE THE METHOD AT ANY VISIT

Among the sample of female youth clients, aged 18 to 24, slightly less than two-thirds reported receiving an explanation on how to use contraceptive methods in both survey quarters. The percent of male youth clients reporting ever having a provider dropped from 56% in Q2 to 35% in Q4.



PERCENT OF FEMALE CLIENTS SEEN AT TODAY'S VISIT WHO WERE TOLD ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE AND QUARTER

Public and private facilities

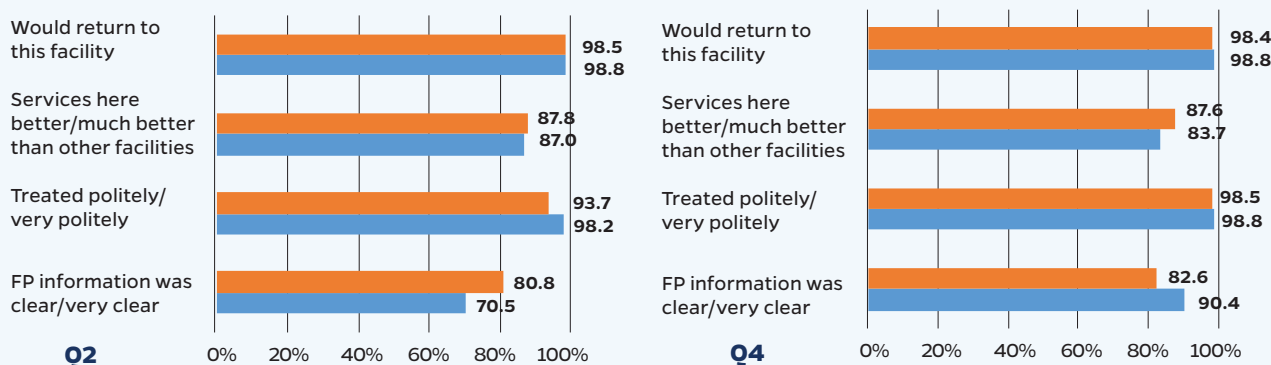
Age group	SIDE EFFECTS*		FOLLOW-UP**	
	Q2	Q4	Q2	Q4
18-24	58.0%	17.5%	10.3%	13.9%
25-34	56.4%	56.2%	16.9%	13.1%
35+	64.3%	98.4%	22.3%	22.3%

*Among female FP clients **Among all female clients

While a similar percentage of female clients across all three age groups were told about method side effects in Q2 (56%-64%), in Q4 the percentage decreased significantly for 18-24 year olds (18%), increased for women over 35 years (98%), and remained the same for 25-34 year olds (56%). A low percentage of clients of all ages were told when to return for a follow-up visit and these percentages remained stable across Q2 and Q4. Among the three age groups, female clients over 35 years were most likely to have been given this information.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

Private Public



Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return or refer the facility. While most indicators improved or remained stable from Q2 to Q4, average wait time for FP services more than doubled in both public and private facilities.

AVERAGE WAIT TIME

Q2 PUBLIC



Q2 PRIVATE



Q4 PUBLIC

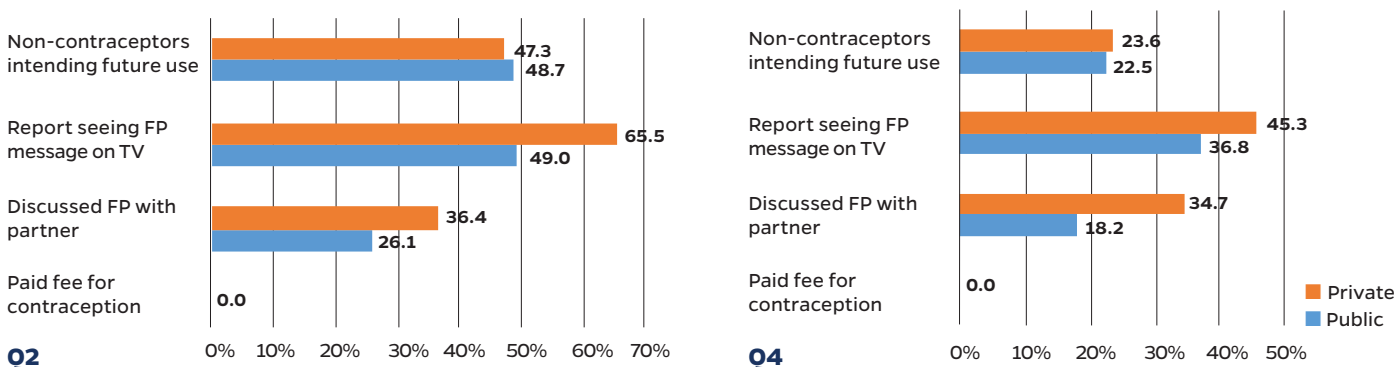


Q4 PRIVATE

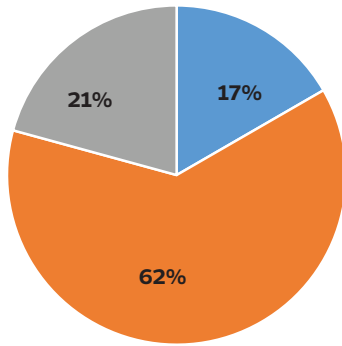


MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors



Among male FP clients interviewed at private facilities, none reported paying for contraception. No male FP clients were interviewed at public facilities. A slightly higher percentage of male clients interviewed at private facilities reported discussing FP with their partner compared to male clients interviewed at public facilities in both survey quarters. Fewer male clients reported seeing FP messages on television in Q4 compared to Q2. About half of male clients not currently using FP interviewed in Q2 intended to use FP in the next 12 months; however, less than one-quarter of male clients interviewed in Q4 reported intentions of future FP use.



FEMALE CLIENT FOLLOW-UP

Client follow-up response rates in Kinshasa (n=1226)

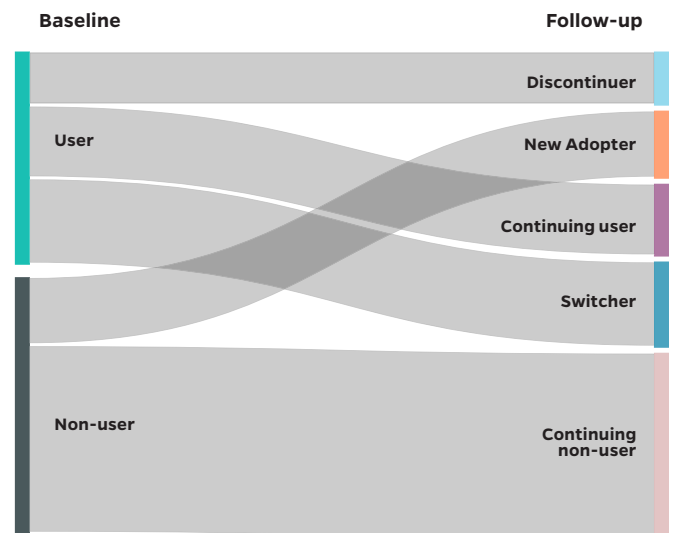
- Did not consent or did not provide phone number for follow-up
- Consented and provided phone number and completed follow-up interview
- Consented and provided phone number but did not complete follow-up interview

Of the 1226 women who completed baseline interviews in Q2, 62% consented to and completed a phone follow-up interview 4 months later in Q3.

CHANGE IN CONTRACEPTIVE USE STATUS

Baseline	N	%	Follow-up	N	%
Users	333	44.3%	Switchers	137	18.2%
			Continuing users	114	15.2%
			Discontinuers	82	10.9%
Non-users	418	55.7%	New adopters	106	14.1%
			Continuing non-users	312	41.5%
Total	751				100%

At the follow-up interview, 15.2% of clients were still using the method reported at baseline, 18.2% had switched methods, and 10.9% had stopped using a method. In addition, 14.1% began using a method and 41.5% remained non-users at the follow-up interview.



PMA AGILE SAMPLE

PMA Agile uses probability sampling methods to select public and private SDPs from master lists of registered health facilities, stratified by type of facility. For each geography, up to 220 SDPs are sampled. The target sample is 100 public and 100 private health facilities, allowing for 10% non-participation. The SDP data are weighted to be statistically representative of the geography. The same panel of SDPs is visited quarterly for a subsequent interview and the weights re-adjusted as needed.

Every other quarter, a client exit survey is conducted by systematically selecting 10 clients per facility. Eligible clients are males aged 18-59 years or females aged 18-49 years. The target sample is approximately 1500-2000 clients. The client data for a given SDP are weighted by the client's selection probability which is a function of the SDP's average daily volume of clients and the client sampling interval. The client data are then weighted by the SDP selection probability. Female clients are asked to consent to a phone follow-up approximately four months later when they are asked about continued contraceptive use, switching and satisfaction with services received.

Suggested citation: University of Kinshasa School of Public Health, Tulane University, and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring for Action Agile (PMA Agile) Quarterly Survey 2017-2019. Kinshasa, Democratic Republic of Congo and Baltimore, Maryland, USA. pma-data.org/technical-areas/pma-agile.